

Recovery Support Services Questionnaire

General:

Interviewer:		Interview Start Date:	
Created by:			
Updated by:			

Interviewer:

Good morning/afternoon/evening. Thank you for coming in today. My name is _____ and I'll be asking you questions about your goals and needs for the next 30 minutes or so. My goal is to help you find the services that will best support you in recovery. If you have questions at any time during our conversation, please don't hesitate to ask.

Do you have any questions before we start?

All right, then. Let's confirm your name and date of birth.

Participant Name:		Date of Birth:	
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Unable to induct the interview due to the client's intoxication level and/or mental status:

True:		False:	
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Goals and Motivation:

Interviewer: OK, I'm going to ask you some questions about the reason you're here today, how you feel about being here, and your goals.

G1. What brought you here today?

Self-referral		Court		Other Description:	
Corrections		Family		Child Welfare	
School		Employer		Physician	
Treatment Provider		Recovery Support Services Provider		Church/Congregation	
Other (Specify)					

G2. How do you feel about being here today? (Select all that apply.)

Angry		Excited		Uncertain	
Anxious		Hopeful		Other (specify)	
Determined		Resigned			
Other description:					

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G3. What would you like to accomplish through working with us? (Select all that apply - at least one answer is required.)

Reduce/Manage Alcohol/Drug Use		Improve relationship with spouse/partner/family		Keep job	
Get support in recovery		Keep spouse/partner/family		Get job	
Connect with others in recovery		Get spouse/partner/family back		Avoid Jail	
Meet legal requirements		Maintain custody of children		Obtain food, clothing, or housing	
Other (specify)		Regain custody of children		Stop using drugs/Alcohol	
Other description:					

Interviewer: You said your goal(s) in working with us is/are to **(restate goals from above)**.

If more than one goal is identified, ask the interviewee the following question: Which of these goals is most important to you?

If three (3) or more goals are identified, ask the following question: Which of these goals are the second and third most important to you?

G4. Enter goals in order of priority in the fields below, leaving any unneeded goals fields blank:

Goal 1:	
Goal 2:	
Goal 3:	

Interviewer: Great! Now I'm going to ask you about how confident you are that you will be able to accomplish your goal(s):

G5. On a scale of 1-10 with (10) being *Very Confident*, and (1) being *Not Confident at All*, how confident re you that you will be able to accomplish these goal(s)?

1 – Not Confident at All
2
3
4
5
6
7
8

Recovery Support Services Questionnaire

9
10 – Very Confident

G6. On a scale of 1-10, with 10 being *Very Ready* and 1 being *Not Ready at All*, how ready are you to start working on your goal(s) today?

1 – Not Ready at All
2
3
4
5
6
7
8
9
10 – Very Ready

Interviewer Summary Comment – Goals and Motivation:

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Transportation:

Interviewer: *OK, our next topic is transportation.*

T1. Do you have a valid driver's license?

No
Yes

T2. Would you like help getting a valid driver's license?

No
Yes

T3. Is there anything that might keep you from getting a driver's license?

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No	
Yes (Specify)	
Description:	

T4. Do you have a reliable way to get around?

Yes, has reliable car
Yes, can walk or ride bike where I need to go
Yes, has access to public or private transportation, reliable car or can reliably get ride
No, limited or no access to public transportation
No money for transportation
Transportation unavailable or unreliable

T5. Do you have any special transportation needs?

No	
Need wheelchair/handicap access	
Special needs due to physical mobility restrictions	
Special needs due to visual impairment	
Special needs due to hearing impairment	
Other (Specify)	
Description:	

T6. Would you like help lining up dependable transportation?

No
Yes

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Interviewer Summary Comment – Transportation:

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Employment:

Interviewer: *So far so good? (If the interviewee has concerns or questions, please respond to them before proceeding.)*

Interviewer: *Now I have some questions about employment.*

E1. Do you have a job?

No

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Yes

E2. Which of these describe your situation? *(Select all that apply.)*

I was laid off		I can't find a job due to legal problems	
I was fired		I choose not to work	
I quit my job		I am a full-time student	
I have been out of work for 3 months or more		Someone supports me	
I want to work, but have given up on finding work		I am retired	
I am actively looking for work		I recently got out of jail or another controlled environment	
I want to work, but have given up on finding a job		I am unable to work due to a disability	
Other (specify)			
Other Description:			

E3. Which of these describe your situation? *(Check all that apply.)*

I work full time (35+ hours per week)		I am looking for a new job	
I work part time (regular hours)		My job doesn't pay well enough to make ends meet	
I work part time (irregular hours or day work)		I have more than one job	
I am in the military or another service		My job is good for my recovery	
I do volunteer work only		My job is not good for my recovery	
I like my job		My job situation does not affect my recovery	
I don't like my job			

E4. What skills or experience do you have that might help you if you wanted to find or keep a job?
(Check all that apply.)

Child Care		Office Management		Supervision	
Customer Service		Profession (e.g., accounting, law, social work)		Warehouse	
Healthcare		Retail Sales		Delivery	
Landscaping or Gardening		Retail Management		Trucking	
Business Management		Sales		Trade	
Other (specify)					
Other Description:					

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E5. Are there skills that you would like to develop or experience that you'd like to gain? *(Check all that apply.)*

Computer skills/technology		Commercial driver's license	
Office skills		Math/Science	
Child care		Writing skills	
Sales		Supervisory management skills	
Speaking skills		Language/ESL	
Trade skills (plumbing, electrical, construction etc)		Other (specify)	

E6. Is your job situation in jeopardy, meaning that you could lose your job at any time?

Yes (Please Explain)		No	
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If "Yes" - Explanation:

E7. What responsibilities do you have outside work?

Child care		Household chores	
Care of elderly, disabled or ill family member		Mandatory reporting requirement (probation)	
School and homework		Other (specify)	
Other Description:			

E8. Do you think your responsibilities and schedule will 1) help you reach your recovery goals, 2) get in the way of reaching them, or 3) not affect them one way or the other?

Help me reach goals
Get in the way of reaching goals
Not affect my ability to reach my goals
Unsure

E9. If your responsibilities and/or schedule would get in the way of reaching your goals, what responsibility or scheduling issue would most get in your way?

Other Description:

Interviewer: Now I'm going to ask you to rate your need for employment-related services.

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E10. On a scale of (1-10), with (10) meaning you have immediate and extensive need for employment services and 1) meaning you have no need for employment services, how would you rate yourself?

1 – No Needs
2
3
4
5
6
7
8
9
10 – immediate and extensive need for employment counseling

E11. Would you like help with any employment or work-related matters?

Yes		No	
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E11b. What employment or work-related matters do you want help with?

E12. What responsibility or scheduling issue would most get in your way?

Vocational assessment		Arranging job interviews	
Help finding a job or maintaining employment		Interviewing skills	
Employment barriers related to a felony conviction		Disability evaluation	
Developing a resume		Disability @ work rehabilitation	
Other (specify)		Getting a promotion, better job or skills	

Interviewer Summary Comment – Employment

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School and Training:

Recovery Support Services Questionnaire

Interviewer: *OK, I have some questions about school and training.*

Interviewer: *Only ask this question if English is a second language for the interviewee and English as a second language classes might be helpful. Otherwise, check "Not Applicable."*

ST1. Would you like help finding English as a Second Language classes?

No
Yes
Not Applicable

ST2. What is the highest level of education you have finished, whether or not you received a degree?

Never attended
1 st Grade
2 nd Grade
3 rd Grade
4 th Grade
5 th Grade
6 th Grade
7 th Grade
8 th Grade
9 th Grade
10 th Grade
11 th Grade
12 th Grade/High School Diploma/Equivalent
College or University/1 st Year Completed
College or University/2 nd Year Completed/ Associates Degree (Aa, As)
College or University/ 3 rd Year Completed
Bachelor's Degree (Ba, Bs) or Higher
Voc/Tech Program after High School but no Voc/Tech Diploma
Voc/Tech Diploma after High School
Declined
Don't Know

ST3. Are you currently in school or other training?

Yes		No	
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Recovery Support Services Questionnaire

ST4. If "Yes" - Which best describes your situation?

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ST5. Do you think additional training or education would help you in your recovery?

Yes
No

ST6. Are you interested in getting help with any of the following? (Check all that apply.)

Earning a GED		Aptitude and achievement testing	
Academic counseling or tutoring		Technical or vocational training	
Grants, loans or scholarships for additional education		Literacy training	
Finding or applying to schools		Going back to school	
Other (specify)			
Other Description:			

Interviewer Summary Comment:

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Housing and Recovery Environment:

Interviewer: *Our next topic is your living environment.*

H1. Who do you live with?

With a spouse/domestic partner and child/children
With spouse/domestic partner alone
With child/children alone
With parent(s)
With other family
With friends
Alone
In a controlled environment (e.g. community corrections/work release program)
Homeless or no stable arrangements
Temporary arrangements
In a group living facility

Recovery Support Services Questionnaire

H2. Do you own or rent the place where you live?

Rent
Own
Other (Specify)

H3. Are you concerned about losing your housing?

No
Yes – Eviction
Yes – Foreclosure
Yes – other (specify)

H4. Which of the following best describes your living situation?

The people I live with are in recovery or will actively support my recovery.
The people I live with will permit, but not support, my recovery.
The people I live with will not be very supportive of my recovery.
The people I live with will keep alcohol and drugs in the house, use drugs and alcohol in my presence, sell drugs or actively discourage my recovery.

H5. Is anyone in your environment threatening, intimidating or harming you, your children, or anyone else in our household verbally, physically, or sexually?

No
Yes

H6. Which of these describes the situation? (*Check all that apply.*)

Threatening		Physically abusing	
Intimidating		Sexually abusing	
Verbally abusing		Interviewee did not want to respond	

Interviewer:

Life Safety: Your organization should have clear policies for responding to reports of current abuse that comply with state and federal laws. You are a representative your organization may be legally required to notify child welfare or law enforcement agencies if violence or threats of violence are reported to you by a participant. If the interviewee reports threats, intimidation, or any kind of verbal, physical or sexual abuse, please consult your organization's policies.

Interviewer: *OK, Now I am going to use a 10 point scale to describe how safe you feel in your living situation and neighborhood.*

Recovery Support Services Questionnaire

H7. On a scale of 1-10, where 1 means your home or living environment is safe and 10 means you are in a dangerous environment where you or a member of your family could be hurt at any time, how would you rate your home environment and neighborhood?

1 – Safe
2
3
4
5
6
7
8
9
10 - Dangerous

H8. If your living environment is not safe, would you like help finding a safer place to live?

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H9. I'm going to read some statements about the neighborhood where you live. Let me know which of these apply to your situation. You can choose as many as apply.

My neighborhood feels safe to me.	
My neighborhood is a good place to start or continue my recovery.	
My neighborhood is dangerous or stressful to live in.	
There are many drug dealers or liquor stores in my neighborhood.	
I regularly see people I used or drank with in my neighborhood.	
My neighborhood is NOT a good place to start or continue my recovery.	
Other (specify):	
Other Description:	

Interviewer: Now I'm going to ask you to use a 10 point scale again. This time I'm going to ask you to tell me how supportive of your recovery you think your current environment is. By living environment I mean those who live with you, the building you live in if you're in an apartment building, and the neighborhood where you live. OK?

H10. On a scale of 1-10, where 1 means your living environment is supportive of recovery and 10 means your living environment puts you at high risk of using drugs or alcohol, how would you rate your home environment and neighborhood?

1 – Supportive of recovery
2
3

Recovery Support Services Questionnaire

4
5
6
7
8
9
10 – Risk of relapse

H11. If participant responds that her/his living environment is not supportive of recovery, then ask, Would you like help finding a more recovery-friendly place to live?

Interviewer: *There are different kinds of housing and housing assistance. I'm going to tell you about some kinds of help that are available. Let me know if any of these are of interest to you or if you would like a different kind of help related to housing. OK?*

H12. Are you interested in learning about help related to any of the following?

Emergency or temporary housing		Supported independent living	
Recovery home, or other clean and sober housing		Housing barriers related to a felony conviction	
Independent stable housing		Help finding subsidized housing	
Other (specify)			
Other Description:			

Interviewer Summary Comment – Housing and Recovery Environment:

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Recovery Status:

Interviewer: *Now I'm going to ask you some questions about your recovery status and services that might help you in recovery. What's important to remember here is that I'm here for you and you don't need to tell me what you think I might want to hear. OK? We'll work with you from wherever you're at. The better we understand that, the better we can be of help to you. OK?*

R1. Which of the following statements best describes where you are personally?

I do not have an alcohol or drug problem		I have not used for one week or more.	
I'm in recovery and have not used alcohol or other drugs for one year or more.		I have used at least one substance during the past week.	
I'm in early recovery and have not used		I am actively using one or more	

Recovery Support Services Questionnaire

for 3 months or more.		substances	
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R2. Do you have a recovery plan?

Yes- Up-to-Date		No	
Yes- Needs to be Updated			

R3. If “Yes” - Would you like help updating your plan?

No	
Yes	

R4. If “No” - Would you like help creating a plan?

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R5. Do you have a case manager, recovery support services coordinator, recovery coach, or other person who helps you meet your recovery plan?

No	
Yes (Specify)	

R6. Is there a friend, family member, pastor or other community member you look to when you need help?

No	
Yes (Specify)	

R7. Are you interested in connecting with someone in recovery who has had similar experiences to yours and might be able to help you in recovery?

No	
Yes	

R8. Do you know of a recovery organization or recovery events in your neighborhood?

No	
Yes (Specify)	

R9. Would you like to connect with recovering people to take part in recovery events?

No	
Yes	

Recovery Support Services Questionnaire

R10. Do you think treatment or recovery services might help you reach your recovery goals?

No
Yes
Unsure

R11. Would you like to learn about the kinds of treatment and recovery services that are available?

No
Yes

R12. Are there any specific kinds of treatment or recovery services that you think might be helpful to you?

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R13. Would you like to learn about the different kinds of support groups in your area or how to locate a group?

No, already involved
No, not interested
Uncertain or ambivalent
Yes

R14. Would you like someone who attends those groups to call you so you can learn more first-hand?

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R15. Do you smoke?

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R16. Would you like help to quit smoking?

No
Yes (Specify)

R17. Have you discovered things that might help you to enter or stay in recovery? (If "Yes," examples below)

Other people in recovery		Faith or spiritual groups/practices	
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Recovery Support Services Questionnaire

Friends		Cultural activities/groups	
Recovery/support group		Meditation/relaxation	
Volunteer work		Leisure activities	
Other(specify)			
Other description:			

Interviewer Summary Comment – Recovery Status:

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Talents, Recreation, and Leisure:

Interviewer: *The next set of questions is about hobbies, sports, and other activities that you enjoy.*

Tal1. Are there hobbies or recreational or leisure activities that you enjoy or would like to try?

Interviewer: *List activities discussed, including any ideas, comments, or recommendations.*

No
Yes (Specify)

Tell me about these activities.

Tal2: Are you involved in any of these activities right now? *(If so, specify):*

(Specify)

Tal3: *(If “No”)* Do you know how you could get involved in those activities or hobbies?

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Tal4: Would you like help in getting involved in those activities are hobbies?

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Interviewer Summary Comment – Talent, Recreation, and Leisure:

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Spiritual:

Interviewer: *OK, I have two questions about spirituality and religion.*

Recovery Support Services Questionnaire

S1. Some spiritual and religious groups have organized to offer support to people in recovery. Are you interested in learning about spirituality or faith-based support and/or services?

No
Yes

S2. Is there a specific faith, tradition, or spiritual practice you think might help you achieve your recovery goals?

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Interviewer Summary Comment – Spiritual:

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Culture, Gender and Sexual Orientation:

Interviewer: *Now I'm going to ask you about some personal preferences, about military service and experience in a war zone, and about your heritage/ethnic background.*

C1. Do you have a preference about the culture, race/ethnicity or sex of the individuals from whom you receive services?

No preference		Gender	
Language		Sexual Orientation	
Culture, ethnicity, race		Veteran's status	
Other (specify)			
Other description:			

C2. Do you have a preference about the type of organization or community where you receive services?

No preference		Gender	
Language		Sexual Orientation	
Culture, ethnicity, race		Veteran's status	
Other (specify)			
Other description:			

C3. How important are those preferences?

Not very important
Somewhat important
Important
Very Important

Recovery Support Services Questionnaire

--

C4. Would you like help finding services that match your preferences?

No
Yes

--

C5. Are you a veteran or a member of the armed forces?

No
Active Duty
Veteran
Current Guard or Reserve Member
Former Guard or Reserve Member

--

C6. Have you served, worked, or lived in a war zone?

No
Yes, as member of military
Yes, in contractor role
Yes, as civilian

--

C7. As a current or former member of the armed services, so you know what services you are entitled to and how you can access them?

No
Yes

--

Recovery Support Services Questionnaire

C8. Would you like special assistance for issues related to your experience in a war zone or your return to the community?

No
Yes

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C9. Are you Hispanic or Latino?

No
Yes
Decline

C10. *If “Yes”* - What is your heritage? *(You may select more than one.)*

Central American		Mexican	
Cuban		Puerto Rican	
Dominican		South American	
Other			
Other description:			

C11. What is your sex?

Male
Female
Decline
Other (Specify)

C12. What is your race or ethnicity?

Black or African American		White	
Asian		American Indian	
Native Hawaiian other Pacific Islander		Arab American or Middle Eastern	
Alaska Native		Declined	
Other (specify):			

C13. Do you consider yourself “Straight” (heterosexual), “gay” (homosexual, lesbian) or bisexual?

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Straight/heterosexual
Gay/homosexual/lesbian
Bisexual
Not Sure
Decline

C14. Would you describe yourself as transgendered?

No
Yes
Declined

Interviewer Summary Comment – Culture, Gender and Sexual Orientation:

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Medical:

Interviewer: *OK. Now we're moving to some questions about medical services.*

M1. Do you believe you are currently receiving the medical care and services that you need?

No
Yes
Not Sure

M2. Do you have a doctor or clinic you can go to?

1 - Yes, satisfied with current situation
2- Yes, but would like help finding a new provider
3 – No, would like help finding a provider
4 – No, does not want help
5 – Other (Specify)

Other Description:

M3. I'm going to read a list of a few medical services. Would you let me know if you need any of these or any other medical services?

Treatment or medication for a condition		Dental care	
Physical Exam/Checkup		Glasses or other visual assistance	
Help with physical mobility		None	

Recovery Support Services Questionnaire

Help with hearing problem		Not sure	
Other (specify)			
Other description:			

M4. Interviewer: Specify the known condition(s) for which treatment is needed. Do not include treatment for substance use and mental health psychiatric conditions.

High blood pressure		Hepatitis	
Diabetes		HIV	
High cholesterol		TB	
Asthma		Cirrhosis	
Heart disease		Atherosclerosis (hardening of the arteries)	
Other (specify):		Declined	
Other description:			

M5. Do you need help with (Check all that apply)

Getting free of low-cost health care?		Applying for Medicaid , SSI/SSD, or health insurance	
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M6. Do you know whether or not you are HIV positive?

Yes, positive
Yes, negative
No
Not sure
Decline to Answer
Skip question (interviewer)

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M7. If “Yes,” Would you like help with any of the following related to your HIV condition?

Obtaining medications		Education about HIV and safer sex	
Keeping on schedule with or managing my appointments		Support groups	
Access to and payment for HIV-related care		In-home care or support	
Transportation to and from appointments		Residential care	
Other (specify)			

M8. Are you pregnant?

Yes		No	
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Recovery Support Services Questionnaire

M9. Would you like to take a pregnancy test so that you can get prenatal care if you need it?

M10. If “Are you pregnant = “Yes,” Would you like help with any of the following?

Setting up prenatal care		Obtaining newborn/lactation education	
Obtaining pregnancy /childbirth education		Getting to appointments	
Other (specify)		No help needed	

M11. Would you like to talk to someone about whether or not you should be tested for infectious or communicable diseases such as TB, Hepatitis C or sexually transmitted diseases?

No
Yes
Other (Specify)

M12. Do you think psychiatric and/or mental health services might help you in your recovery?

No
Yes
Unsure
Not applicable
Declined

Interviewer: (Do not include any alcohol or drug service needs with this item.)

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M13. Are you receiving psychiatric or mental health services now?

No , would like help finding services
No, does not want psychiatric or mental health services
Yes, satisfied with current situation
Yes, but would like to find new provider
Declined

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M14. Are there specific kinds of psychiatric or mental health services that you think might help you in your recovery?

No		Medication	
Treatment for known condition(s)		Counseling	

Recovery Support Services Questionnaire

Psychiatric evaluation		Therapy	
Medication evaluation		Not sure	
Other (specify)			
Other description:			

M15. Interviewer: Specify known condition(s)

M16. Would you like help finding psychiatric or mental health services or getting an evaluation to see if they might help?

No
Yes , services
Yes, evaluation

M17. Are you currently receiving the dental care that you need?

No
Yes

M18. (If “No”) Would you like help getting dental care?

No
Yes

Interviewer Summary Comment – Medical

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Financial and Legal:

Interviewer: The next set of questions is about financial or legal problems that might get in the way of your recovery.

F1. Do you have money or legal issues that might make it hard for you to achieve your recovery goals? (Check all that apply.)

No		Insufficient income	
Criminal history		No income	
Bankruptcy		Owing too much money	
Alimony/child support		No health insurance	

Recovery Support Services Questionnaire

Immigration status		Discrimination	
Other (specify)		Paying for medicine	
Other description:			

F2. Do you think you need help from a lawyer or other advocate with any of the following might make it easier for you to meet your recovery goals?

No	Alimony/child support
Criminal history	Immigration status
Bankruptcy	Insufficient income
Owing too much money	No income
No health insurance	
Discrimination	
Paying for medicine	
Other Specify	

F3. Do you need help getting:

Food stamps/WIC services		Clothing	
Delivered meals (for shut-ins)		Personal care items	
other (specify)			
Other description:			

F4. Are there other money or legal problems that might get in the way of your recovery?

No
Yes (Specify)

Interviewer Summary Comment:

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Family Status and Parenting:

Interviewer: *We're most of the way done. I'm going to ask you about your family status and related matters.*

P1. Which of the following statements best describes where you are personally?

Single – no dependent children		Divorced – dependent children	
Single – dependent children		Committed relationship, but not married – no dependent children	
Married – no dependent children		Committed relationship, but not married – dependent children	

Recovery Support Services Questionnaire

Married – dependent children		Widowed – no dependent children	
Divorced – no dependent children		Widowed – dependent children	

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P2. Are you responsible for parenting children who live with you?

No
Yes

P3. Do you have children who have been taken from you by the courts (child welfare)?

No
Yes

Interviewer: *This item does not refer to custody issues stemming from a divorce settlement.*

P4. Are you concerned that your child/children could be taken by child welfare?

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P5. Would you like help getting your life back together so that you can regain or keep custody of your children?

No
Yes

P6. Would child care services help you reach your recovery goals?

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P7. Would you like help with any of the following:

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P8. Would you like to receive family counseling?

No
Yes

Interview Summary Comment: - Family Status and Parenting

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Recovery Wrap Up:

Recovery Support Services Questionnaire

Interviewer:

There are three questions left. We ask you these questions to make sure that we have covered everything and to make sure we understand what is important to you.

W1. Can you think of anything we haven't already talked about that could hold you back from reaching your recovery goals?

No		Having to attend groups	
Scheduling difficulties		Having to take medications	
Other (specify)		Having to take drug tests	
Other Description:			

W2. Of everything we've discussed today, are there one or two things that you think are most important to achieving your recovery goals?

No		Spiritual support	
Treatment		Mental health services	
Housing		Medical services	
Employment		Family counseling/Therapy	
Recovering Peers		Benefits	
Other (specify)		Transportation	
Other description:			

W3. Is there anything we have not mentioned so far that would make it easier for you to reach your recovery goals?

No
Yes (Specify)

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Interviewer Summary Comment – Recovery Wrap Up

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Interviewer: *Thank you for taking the time to speak with me today.*